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CIRCLE
ONE

BELOW B C D OR E

B I may wish to receive the pension benefit to which I am entitled in the form of a 50% Husband-Wife Pension and wish to be informed of the exact amount of the pension benefits payable to myself and my spouse under the Husband-Wife Pension. I understand that at the time I receive the information requested, I will have another opportunity to decline the option prior to retirement.

If you and your spouse are divorced after your pension becomes payable, the election remains in effect and she/he (should she/he survive you) will Receive the benefit under the Husband and Wife arrangement for her/his lifetime.

Spouse date of birth _____ (enclose copy of proof of spouse's birth and Marriage -certificate- originals will be returned to you).
_____/_____/_____. Spouse Social Security Number.

I hereby swear that I am not legally married at this time.

I hereby swear that the whereabouts of my legal spouse is unknown and that I know of no way of locating her/him.

I hereby elect the Sixty Month Guarantee of Benefits. I hereby designate the following beneficiaries: (Note: If you are legally married your spouse must be named as first beneficiary).

PRIMARY BENEFICIARY

Jackleen Grant Sheggen
NAME DATE OF BIRTH *7/6/61* *redacted*
350 East 137 St #6E
MAILING ADDRESS RELATIONSHIP *Wife* *11/15/03* *married*

SECOND BENEFICIARY (IN THE EVENT PRIMARY BENEFICIARY PRE-DECEASED ME OR WHO DIES AFTER MY DEATH AND PRIOR TO RECEIPT OF ALL BENEFITS DUE.

Leon B Thigpen
NAME DATE OF BIRTH *9-12-1* *redacted*
350 E 1375T Bronx
MAILING ADDRESS RELATIONSHIP *Son*

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